

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/529333**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1		1			
7		1		1		
8		2		2		
9	1		1			
10		1		1		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
15		3		3		
16		3		3		
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		35	←		←
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						